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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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Application Number	10/706,768
Filing Date	Nov. 12, 2003
First Named Inventor	Schranz, et al
Art Unit	
Examiner Name	
Attorney Docket Number	970-9856F

To: Commissioner for Patents**P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

all the attorneys/agents of record.
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or
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NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Applicants request to transfer files

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Address	1940 East 6th Street, 6th Fl.				
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Date	<i>Feb. 28, 2007</i>		Telephone No.	(609) 627 8507	

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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